



City of Roanoke Internship Application

Please complete the following application and return to the Department of Human Resources by email at hr@roanokeva.gov, by fax at (540) 853-1218, or by mail at 215 Church Ave SW, Rm 207, Roanoke, VA 24011 within the deadline. Additional attachments including resumes are welcomed.

CONTACT INFORMATION

Name: _____

Address: _____

City, ST: _____

E-Mail: _____

Phone: _____ Cell _____ Home _____

Are you at least 18 years old? _____ YES _____ NO

EDUCATION

Name and Location of High School: _____

Name and Location of College: _____

Major or Degree Program: _____

Interns with the City of Roanoke must meet one of the following criteria. Please select which applies to you.

- ☐ Student in final semester or equivalent of Associate Degree program*
- ☐ Recent Associate Degree graduate*
- ☐ Rising Junior of Bachelor Degree program
- ☐ Rising Senior of Bachelor Degree program
- ☐ Recent Bachelor Degree graduate
- ☐ Graduate Student

* Associate Degree students/graduates must be planning to pursue a bachelor degree in similar field of study.

Please list any relevant coursework you have completed.

Would this internship be for credit? _____ YES _____ NO

If yes, how many hours are required in total? _____ Per week? _____

EMPLOYMENT INFORMATION

Starting with the most recent, describe ALL paid, military, and applicable volunteer experience.

1. Job Title_____

Name and Location of Company_____

Type of Company_____

Job Duties_____

Name of Supervisor _____

Supervisor Phone Number _____

2. Job Title_____

Name and Location of Company_____

Type of Company_____

Job Duties_____

Name of Supervisor _____

Supervisor Phone Number _____

3. Job Title_____

Name and Location of Company_____

Type of Company_____

Job Duties_____

Name of Supervisor _____

Supervisor Phone Number _____

AREA OF INTEREST

The City of Roanoke Internship program offers students and graduates a hands-on experience within various departments and divisions. Please list those in which you would be interested. A complete list can be found on the City's website at www.roanokeva.gov.

Please list any additional information you think would help us evaluate your application including training, seminars, workshops, achievements, and/or specialized skills.

Please explain your interest in an internship with the City of Roanoke in 100 words or less.

BACKGROUND INFORMATION

Please note that all intern applicants are subject to a criminal background check for any convictions that relate to the duties and responsibilities of the internship.

Have you ever been terminated or forced to resign from any employment, academic, or volunteer position? _____YES _____NO

If yes, please explain.

INTERNSHIP AGREEMENT

In consideration of the City of Roanoke providing me with an internship, I acknowledge the following terms and conditions related to the internship:

- Due to my status as an unpaid intern, I will not be considered an employee, and I acknowledge that I am not entitled to any compensation, incidents of employment, and/or benefits of employment.
- I acknowledge that it is my responsibility to comply with all internship requirements of my college/university in order to receive academic credit and to inform my internship supervisor of these requirements.
- I acknowledge and agree that the City of Roanoke reserves the right to terminate this internship if I am not fulfilling its requirements or incur in violation of Department or City of Roanoke regulations.
- I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my internship with the City of Roanoke.
- I recognize the need of the City of Roanoke to examine and verify information pertaining to my qualifications for the internship program and hereby freely consent to allowing the City to verify the information contained herein.
- I further authorize the City of Roanoke to obtain my criminal history record and check my driving record now and during the course of my internship as the City may deem necessary.

Applicant Signature: _____ Date: _____

As an advisor to this student or recent graduate, I certify that he or she is eligible and recommended to participate in the City of Roanoke's internship program.

Advisor Signature: _____ Date: _____

Advisor Name (Print): _____

Advisor Phone Number: _____